

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	DB	X005	07-00
<b>O.I.P.E. CLASSIFIER</b>		11	
<b>FORMALITY REVIEW</b>	CM	71637	
<b>RESPONSE FORMALITY REVIEW</b>			4/13/00

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	1/19
Original	1/19
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If more than 150 claims or 10 actions  
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